COMBINED DECLARATION OR PATENT APPLICATION AND POWER OF ALTORNEY (Includes Reference to PCT International Applications)

Attorney's Docket Number: 6176.200-US

As a below named inventor, I hereby declare that:

Human Coagulation Factor VII Variants

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

The sp [] [X]	is attached	of which (check only one item below): d hereto as United States application
Applic	ation No.	To Be Assigned .
on	May 3, 20	001
and wa	as amended	
[] wa		CT international application
on		
and wa	as amended	under PCT Article 19

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under Title 35, United States Code, §119 of any provisional or foreign application(s) for patent or inventor's certificate or of any PCT international applications(s) for patent or inventor's certificate or of any PCT international applications(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR U.S. PROVISIONAL/FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY		DATE OF FILING	PRIORITY	'CLAIMED	
(if PCT, indicated "PCT")	APPLICATION NUMBER	(day, month, year)	UNDER 35 USC 119		
Denmark	PA 2000 00734	3 May 2000	[X] YES	[] NO	
Denmark	PA 2000 01360	13 September 2000	[X] YES	[] NO	
U.S.A.	60/204,712	16 May 2000	[X] YES	[] NO	
U.S.A.	60/236,892	29 September 2000	[X] YES	[] NO	
	 		[]YES	[] NO	
		1			

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

Attorney's Docket Number: 6176.200-US

I hereby claim the benefit under Title 35, United States Code '120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this applications is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, '112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, '1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	U.S. APPLICATIONS				STATUS (Check one)		
U.S. APPLICATION NUMB	ER .	U.S. FILING DATE		Pending	Abandone		
nca.	APPLICATIONS DESIGNATING	THELLS					
APPLICATION NO.	FILING DATE	US SERIAL NUMBERS ASSIGNED (if any)					

Sen	d Correspondence	o: Steve T. Zelson, Esq. Novo Nordisk of North America, Inc. 405 Lexington Avenue, Suite 6400 New York, New York 10174-6400		Direct Telephone Calls To: Steve T. Zelson (212) 867-0123
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2	Full Name of Inventor	Family Name	First Given Name	Second Given Name
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	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
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	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
4	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country

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(Includes Reference to PCT International Applications				ON AND POWER OF ATTORNEY	6176.200-US	
5	Full Name of Inventor	Family Name		First Given Name	Second Given Name	
	Residence & Citizenship	City		State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address		City	State & Zip Code/Country	
6	Full Name of Inventor Family Name			First Given Name	Second Given Name	
	Residence & Citizenship	City		State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address		City	State & Zip Code/Country	
7	Full Name of	Family Name	•	First Given Name	Second Given Name	
	Residence & Citizenship	City		State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address		City	State & Zip Code/Country	
8	Full Name of	Full Name of		First Given Name	Second Given Name	
	Residence & City			State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address		City	State & Zip Code/Country	
9	Full Name of Inventor	ventor City		First Given Name	Second Given Name	
	Residence & Citizenship			State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address	3	City	State & Zip Code/Country	
	further that t	hese statements were made with the	knowledge that will	e are true and that all statements made on informa Iful false statements and the like so made are pur th willful false statements may jeopardize the valid	nishable by fine or imprisonment, or both,	
Sigi	Signature of Inventor I Signature			Inventor 2	Signature of Inventor 3	
Dat	Date Date				Date	
Sigi	Signature of Inventor 4			Inventor 5	Signature of Inventor 6	
Dat	e		Date		Date	
Sigi	nature of Inven	tor 7	Signature of	Inventor 8	Signature of Inventor 9	
Date			Date	Date		